

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEDERAL ELECTION COMMISSION CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FIRSTPAC FOR POLITICAL FREEDOM

ADDRESS (number and street)

31794 CARNEROS AVENUE

☒

(Check if address
is changed)

LEWES

DE

19958

2523

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

FIRSTPAC1791@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒

(Check if address
is changed)

FIRSTPAC.ORG

2. DATE

08 / 28 / 2013

3. FEC IDENTIFICATION NUMBER

C00541094

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

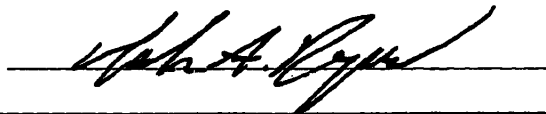
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARK A. RYAN

Signature of Treasurer



Date

08 / 28 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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Write or Type Committee Name

FIRSTPAC FOR POLITICAL FREEDOM**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KYLE MARK RYAN

Mailing Address

31794 CARNEROS AVENUE**LEWES****DE****19958****- 2523**

Title or Position

CITY

STATE

ZIP CODE

VICE PRESIDENTTelephone number **412** - **295** - **5347****8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer**MARK A. RYAN**

Mailing Address

31794 CARNEROS AVENUE**LEWES****DE****19958****- 2523**

Title or Position

CITY

STATE

ZIP CODE

PRESIDENTTelephone number **412** - **389** - **7097**

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Full Name of
Designated
Agent

RANA S. RYAN

Mailing Address

31794 CARNEROS AVENUE

LEWES

CITY

DE

STATE

19958

ZIP CODE

- 2523

Title or Position

VICE PRESIDENT

Telephone number

412

- 389

- 6763

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC Bank

Mailing Address

17725 COASTAL HIGHWAY

LEWES

CITY

DE

STATE

19958

ZIP CODE

- 2523

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Extremely Urgent

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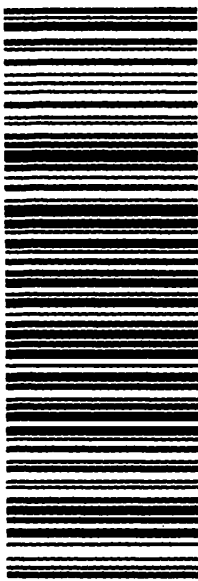
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Federal Election Commission
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(8/2013)

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